

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS

FILED

NOV 08 2022

SH

THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

Michael Mayo

Hon. Judge John J. Tharp, Jr.

Mag. Judge M. David Weisman

(Enter above the full name  
of the plaintiff or plaintiffs in  
this action)

vs.

Case No: 21-CV-05014  
(To be supplied by the Clerk of this Court)

Tom Dart

2<sup>nd</sup> Amended Complaint

(Enter above the full name of ALL  
defendants in this action. Do not  
use "et al.")

CHECK ONE ONLY:

**COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983**  
**U.S. Code** (state, county, or municipal defendants)

**COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE**  
**28 SECTION 1331 U.S. Code** (federal defendants)

**OTHER** (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR  
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

**I. Plaintiff(s):**

A. Name: Michael Cooper Mayo  
B. List all aliases: N/A  
C. Prisoner identification number: 20181127027  
D. Place of present confinement: Cook County Jail  
E. Address: 2700 South California Chicago, IL 60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

**II. Defendant(s):**

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

A. Defendant: Tom Dart  
Title: Cook County Sheriff  
Place of Employment: Cook County Dept. of Corrections

B. Defendant: \_\_\_\_\_  
Title: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_

C. Defendant: \_\_\_\_\_  
Title: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

**III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:**

A. Name of case and docket number: Michael C. May v. Larry Gavin 1:21-cv-04653

B. Approximate date of filing lawsuit: Fall 2021

C. List all plaintiffs (if you had co-plaintiffs), including any aliases: Michael C. Mayo

D. List all defendants: Larry Gavin, Karen Jones- Hayes, Damita Delitz, Brendon Lombardi, Director Miller, Officer Buchanan, Thomas Dart, and Lieutenant Douge

E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): Federal court, Northern, Cook

F. Name of judge to whom case was assigned: Hon. Judge John J. Tharp, Jr.

G. Basic claim made: Excessive Force, Failure to Protect, 1st Amendment Retaliation

H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): Pending

I. Approximate date of disposition: Pending

**IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.**

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

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#### IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

On March 13, 2020 plaintiff became aware of the COVID-19 virus spreading throughout the jail. At the same time CCDOC decided to stop passing out soap. Grievance filed Mar 13, 2020 (Exhibit A) During this time all services were stopped (law Librarian, sheet exchange, sick call, dentist, laundry, showers backed up, grievances are not given out) In addition guards sit outside deck offering no protection. On March 30, 2020 plaintiff filed grievance for no mask, gloves or hand sanitizer. There is no social distance on 3G which is a dorm with 39 men<sup>(Exhibit B)</sup>. On April 17, 2020 plaintiff tested positive for COVID-19 virus. On April 24, 2020 plaintiff filed grievance stating Cook County Sheriff's and Cernak Health did not take appropriate measures to protect me from the virus. (Exhibit C) On May 2 2020 CCDOC was in violation of federal judges injunction on COVID-19. Plaintiff filed grievance on May 2, 2020 (Exhibit D) After plaintiff's deck (division 8/36) was quarantined, CCDOC continued to add newly infected inmates. Plaintiff filed grievance (Exhibit E)

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

On Sept. 7, 2020 Plaintiff filed grievance for the continued neglectful behavior as it relates to COVID-19 (Exhibit F) After contracting COVID-19 on April 17, 2020 plaintiff suffers from symptoms associated with long COVID. (Shortness of breath, difficulty identifying smells and taste of food.

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

**IV. Statement of Claim:**

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

On Dec. 30, 2021, nearly two years later with multiple variations of the COVID-19 virus running rampant, CCDOC (Tom Dart) continues to put my life in danger. During the later part of December 2021, an inmate by the name of Donald Hayward (inmate# A47947) was placed on my deck of 3E. Donald was presumed cleared of the COVID-19 virus (after testing positive) when placed on 3E. During Donald's short stay on 3E he complained to medical and security staff of not feeling well. Not until a week of Donald's complaints was he removed from the deck and tested for the COVID-19 virus. (Dec. 30, 2021) The following day Donald was replaced by Marice Fullson, who came directly off the street. Mr Fullson was not tested for COVID-19 nor was he placed ~~in~~ in quarantine, which is protocol for someone coming right off

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

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the street. On the morning of Dec. 31, 2021 our tier of 3F was informed that Donald Haywood had tested positive for the COVID-19 virus and our deck was now on quarantine. It is clear from these two situations CCDOC nor Tom Dart have learned from their mistakes. (Exhibit G)

On Feb 9, 2022 inmate Earl Wilson was removed from our deck because of exposure to COVID-19. This is now the 2<sup>nd</sup> time we have been placed under quarantine in less than a month. The jail claims they are taking steps to protect us, but they are not working. We have been asking for handsanitizer for over a week with no results. The mask that are provided are the cheapest on the market. Worldwide it has been advised that the KN95 mask be used to protect from the COVID-19 virus. <sup>(Exhibit H)</sup> With an organization of this size Tom Dart should have developed protocols that really reduce the spread of the virus. For the next several months the virus jumped from one person to another on our deck, causing us to be on what seemed to be an endless period of quarantine and loss of court dates.

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

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V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I am seeking compensatory, punitive and nominal damages. Also any awards the court finds proper and just.

VI. The plaintiff demands that the case be tried by a jury.  YES  NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 2<sup>nd</sup> day of Nov, 2022

Michael Mayo  
(Signature of plaintiff or plaintiffs)

Michael Mayo  
(Print name)

20181127027  
(I.D. Number)

2700 South California  
Chicago, IL 60608  
(Address)

Exhibit A

## INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY (Para ser llenado solo por el personal de Inmate Services)

 Emergency Grievance Grievance Non-Compliant Grievance Cermak Health Services Superintendent: Other:

PRINT - INMATE LAST NAME (Apellido del Preso):

PRINT - FIRST NAME (Primer Nombre):

INMATE BOOKING NUMBER (# de identificación del Preso)

Mayo

Michael

20181127027

DIVISION (División):

8

LIVING UNIT (Unidad):

3G

DATE (Fecha):

March 13, 2020

## GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grieved issue must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies. The grieved issue is not one of the following non-grievable matters: inmate classification including designation of an inmate as a security risk or protective custody inmate; or decisions of the inmate disciplinary hearings officer.

The grieved issue must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism. If the grievance includes an allegation of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

The grieved issue must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grieved issue must not be a repeat submission of a grievance that previously received a response and was appealed.

The grieved issue must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days.

The grieved issue must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

## DIRECTRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, sexual hostigamiento, sexual abuso. O voyeurismo. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante.

La solitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED - DATE OF INCIDENT (Fecha del Incidente)	REQUIRED - TIME OF INCIDENT (Horas del Incidente)	REQUIRED - SPECIFIC LOCATION OF INCIDENT (Lugar Específico del Incidente)	REQUIRED - NAME and/or IDENTIFIER(S) OF ACCUSED (Nombre y/o Identificación del Acusado)
March 13, 2020	all day	Division 8 / 3G	Tom Dart Cook County Sheriff Cook County Jail

claim 43 and diabetic. Today I found out that we are no longer issued soap in addition to that we are no longer able to buy soap from commissary. The County has decided to issue us 35 oz Amer Fresh 3 in 1 pack. This time when a virus is running rampant they take soap away. These 3 in 1 pack are not enough to last a week. Being diabetic along with my other health issues it is important that I stay clean! Now because of the soap issue we can not wash our clothes either. This is not healthy for anyone to live under these conditions.

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:  
(Nombre del personal o presos que tengan información:)

Sebastián Barrera and Officers on duty

INMATE SIGNATURE: (Firma del Preso):

Michael C. Mayo

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

W. Scales

SIGNATURE:

W. Scales

DATE CRW/PLATOON COUNSELOR RECEIVED:

3-17-20

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



Exhibit B



## COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

## INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY !

CONTROL #

INMATE ID #

 Emergency Grievance Grievance Non-Compliant Grievance Cermak Health Services Superintendent: Other:

(! Para ser llenado solo por el personal de Inmate Services !)

PRINT - INMATE LAST NAME (Apellido del Preso):

Mayo

PRINT - FIRST NAME (Primer Nombre):

Michael

INMATE BOOKING NUMBER (# de identificación del Preso)

20181127027

DIVISION (División):

18

LIVING UNIT (Unidad):

3G

DATE (Fecha):

March 30, 2020

## GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grieved issue must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grieved issue is not one of the following non-grievable matters: inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.

The grieved issue must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism. If the grievance includes an allegation of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker).

The grieved issue must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grieved issue must not be a repeat submission of a grievance that previously received a response and was appealed.

The grieved issue must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days.

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The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

## DIRECTRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

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El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante.

La solitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED - DATE OF INCIDENT (Fecha del Incidente)	REQUIRED - TIME OF INCIDENT (Horas del Incidente)	REQUIRED - SPECIFIC LOCATION OF INCIDENT (Lugar Específico del Incidente)	REQUIRED - NAME and/or IDENTIFIER(S) OF ACCUSED (Nombre y/o Identificación del Acusado)
March 30, 2020	all day	Division 8 / 3G	Tom Dart Cook County Sheriff Cook County

I am 43 years old and have a compromised immune system due to multiple health conditions (Kidney failure, diabetes and high blood pressure). On multiple dates I have asked for protective gear such as mask, gloves or hand sanitizer, to date none of these things have been provided. In addition with the spread of the COVID19 virus, that has been identified on the 3rd floor where I am housed there has been no cleaning of the living area or the shower space in months. Our clothes are cleaned at best every 2-3 weeks. Finally what is even more crazy is the expectation of social distance in a space of about 3500ft<sup>2</sup> with almost 40 men whose bunks are only 36 inches apart.

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

Cameras and staff

INMATE SIGNATURE: (Firma del Preso):

Michael Mayo

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):	S. Davis	SIGNATURE:	DATE CRW/PLATOON COUNSELOR RECEIVED:	5-9-20
SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):		SIGNATURE:	DATE REVIEWED:	

## COOK COUNTY SHERIFF'S OFFICE

(Oficina Del Alguacil del Condado de Cook)

## INMATE GRIEVANCE RESPONSE/APPEAL FORM

(Formulario de Queja del Preso/ Apelación)

DANIS

2020

CONTROL NUMBER

INMATE #

03615 798313

## INMATE INFORMATION TO BE COMPLETED BY INMATE SERVICES PERSONNEL ONLY

INMATE LAST NAME (Apellido del Preso):

INMATE'S FIRST NAME (Primer Nombre):

ID Number (# de Identificación):

MAYO Michael

201812021

GRIEVANCE ISSUE AS DETERMINED BY CRW:

006-C.V. Issue 006

IMMEDIATE CRW RESPONSE (if applicable):

CRW REFERRED THIS GRIEVANCE TO: (Example: Superintendent, Cermak Health Services):

Supt. Super SPC. Aguirre (8)

DATE REFERRED:

4/10/20

## RESPONSE BY PERSONNEL HANDLING REFERRAL

All inmates have been given mask to wear

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DIV./DEPT:

DATE:

H.D.

08/ICPA

4/22

INMATE'S SIGNATURE (Firma del Preso):

Asst. Dir. Cana 19 - Proc. City

DATE RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida):

4/20/20

## INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

To exhaust administrative remedies, grievance appeals must be made within 15 calendar days of the date the inmate received the response. An appeal must be filed in all circumstances in order to exhaust administrative remedies.

(Con el fin de agotar los recursos administrativos, las apelaciones de las quejas se deben realizar en el plazo de 15 días después de que el recluso haya recibido la respuesta. La apelación se debe enviar en todos los casos a fin de agotar los recursos administrativos.)

INMATE COPY

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del preso): May 15 2020

The first inmate with COVID-19 was taken of our deck in early March when we made an request for mask. It was not until mid April that we received mask after everyone on the deck was infected with COVID-19. This is little guilty me a glass after someone poured milk on the floor!

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL? Yes (SI) NO 

REC 5/13/20

(Apelación del preso aceptada por el administrador o/su designado(a)?)

INMATE SERVICES DIRECTOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decision o recomendación por parte del administrador o/su designado(a):)

BB

ORIGINAL RESPONSE STANDS

INMATE SERVICES DIRECTOR/DESIGNEE (Administrador o/su Designado(a)): 0216SIGNATURE (Firma del Administrador o/su Designado(a)): 0216DATE (Fecha): 5/14/20 2020INMATE SIGNATURE (Firma del Preso): Devl. WIA Cana 19 Proc. City

DATE APPEAL RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)

5/20/20

(FCN-72) (NOV 17)

(WHITE COPY - INMATE SERVICES)

(YELLOW COPY - C.R.W.)

(PINK COPY - INMATE)

E xhibit C



## COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

## INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

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CONTROL #

INMATE ID #

 Emergency Grievance Grievance Non-Compliant Grievance Cermak Health Services Superintendent: Other:

PRINT - INMATE LAST NAME (Apellido del Preso):

Mayo

PRINT - FIRST NAME (Primer Nombre):

Michael

INMATE BOOKING NUMBER (#de identificación del Preso):

20181127027

DIVISION (División):

8

LIVING UNIT (Unidad):

3G

DATE (Fecha):

April 24, 2020

## GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

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The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

## DIRECTRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

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El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, sexual hostigamiento, sexual abuso. O voyeurismo. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correcional (TRC/CRW).

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El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante

La solitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED - DATE OF INCIDENT (Fecha del Incidente) On 9/24/2020	REQUIRED - TIME OF INCIDENT (Horas del Incidente) ON going	REQUIRED - SPECIFIC LOCATION OF INCIDENT (Lugar Específico del Incidente) Division 8/3G	REQUIRED - NAME and/or IDENTIFIER(S) OF ACCUSED (Nombre y/o Identificación del Acusado) Cook County Sheriff Medical Staff Tom Dart
---	---	--	---

I have been in the custody of the Cook County Sheriff since Nov. 27, 2018. I have been exposed to and test positive for COVID-19 due to the conditions at the Cook County Jail. The Sheriff have not taken appropriate measures to protect me from the virus.

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:  
(Nombre del personal o preso que tengan información:)

Cameras / Staff

INMATE SIGNATURE: (Firma del Preso):

Michael Mayo

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

5/7/20

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:

F-Exhibit D



## COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

## INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY!

(!Para ser llenado solo por el personal de Inmate Services !)

Emergency Grievance  
 Grievance  
 Non-Compliant Grievance

Cermak Health Services  
 Superintendent:  
 Other:

PRINT - INMATE LAST NAME (Apellido del Preso):

Mayo

PRINT - FIRST NAME (Primer Nombre):

Michael

INMATE BOOKING NUMBER (#de identificación del Preso)

20181127027

DIVISION (División):

8

LIVING UNIT (Unidad):

3G

DATE (Fecha):

May 2, 2020

## GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grieved issue must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grieved issue is not one of the following non-grievable matters: inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.

The grieved issue must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism. If the grievance includes an allegation of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

The grieved issue must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grieved issue must not be a repeat submission of a grievance that previously received a response and was appealed.

The grieved issue must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days.

The grieved issue must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

## DIRECTRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, sexual hostigamiento, sexual abuso. O voyeurismo. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable con un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante.

La solicitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED - DATE OF INCIDENT (Fecha del Incidente)	REQUIRED - TIME OF INCIDENT (Hora del Incidente)	REQUIRED - SPECIFIC LOCATION OF INCIDENT (Lugar Específico del Incidente)	REQUIRED - NAME and/or IDENTIFIER(S) OF ACCUSED (Nombre y/o Identificación del Acusado)
May 2, 2020	May 2, 2020 12:01 AM	Division 8/3G	Tom Dart Cook County Sheriff's

I am in the custody of CCDOC. On April 27, 2020 a federal judge placed a injunction on CCDOC requiring them to provide daily mask to all inmates, hand san. gel, stop the use of bullpens and group housing. CCDOC was given until Friday May 1, 2020 to comply with this order. As of May 2, 2020 CCDOC is still in violation of this federal judges injunction.

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:  
(Nombre del personal o preso que tengan información:)

Cameras and staff

INMATE SIGNATURE: (Firma del Preso):

Michael Mayo

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

Sup. LFENDELL

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

5-4-20

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

Swanson

SIGNATURE:

DATE REVIEWED:

5-11-20

INMATE COPY

Swanson

COOK COUNTY SHERIFF'S OFFICE  
(Oficina Del Alguacil del Condado de Cook)INMATE GRIEVANCE RESPONSE/APPEAL FORM  
(Formulario de Queja del Preso/ Apelación)

CONTROL NUMBER INMATE #

2020 4744 294313

## INMATE INFORMATION TO BE COMPLETED BY INMATE SERVICES PERSONNEL ONLY

INMATE LAST NAME (Apellido del Preso):

Mayo

INMATE FIRST NAME (Primer Nombre):

Michael

ID Number (# de Identificación):

2018122027

GRIEVANCE ISSUE AS DETERMINED BY CRW:

CCU COVID-19

IMMEDIATE CRW RESPONSE (if applicable):

Common staff notified immediately

CRW/ REFERRED THIS GRIEVANCE TO (Example: Superintendent, Cermak Health Services):

DATE REFERRED:

3-10-2020

## RESPONSE BY PERSONNEL HANDLING REFERRAL

MSL we passed at 12:15pm 3/10/2020. Told to see Dr. Cermak Health Services

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DIV./DEPT.

DATE:

18/10/20

5/19/2020

INMATE SIGNATURE (Firma del Preso):

Michael Mayo

Dely Via COVID19

DATE RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)

5/19/2020

## INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

To exhaust administrative remedies, grievance appeals must be made within 15 calendar days of the date the inmate received the response. An appeal must be filed in all circumstances in order to exhaust administrative remedies.

(Con el fin de agotar los recursos administrativos, las apelaciones de las quejas se deben realizar en el plazo de 15 días después de que el recluso haya recibido la respuesta. La apelación se debe enviar en todos los casos a fin de agotar los recursos administrativos.)

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del preso): May 126, 2020

During the time my original grievance was filed none of the above mentioned was being done. It has become a practice of CCDC to not respond to a grievance until they have had a chance to somewhat fix the problem. There was never a problem why would I write a grievance!

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL? Yes (Sí) 

(Apelación del preso aceptada por el administrador o/su designado(a):)

INMATE SERVICES DIRECTOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decisión o recomendación por parte del administrador o/su designado(a):)

CCDC is in compliance with all current court orders, as well as all state and city guidelines.

INMATE SERVICES DIRECTOR/DESIGNEE (Administrador o/su Designado(a):)

SIGNATURE (Firma del Administrador o/su Designado(a):)

DATE (Fecha):

12/20

6/14/20

INMATE SIGNATURE (Firma del Preso):

Dely Via COVID19

DATE APPEAL RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)

6/12/2020

Exhibit E



## COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

## INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY!

(! Para ser llenado solo por el personal de Inmate Services !)

Emergency Grievance  
 Grievance  
 Non-Compliant Grievance

Cermak Health Services  
 Superintendent: \_\_\_\_\_  
 Other: \_\_\_\_\_

PRINT - INMATE LAST NAME (Apellido del Preso):

Mayo

PRINT - FIRST NAME (Primer Nombre):

Michael

INMATE BOOKING NUMBER (#de identificación del Preso)

20181127027

DIVISION (División):

8

LIVING UNIT (Unidad):

3G

DATE (Fecha):

May 2, 2020

## GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grieved issue must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grieved issue is not one of the following non-grievable matters: inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.

The grieved issue must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism. If the grievance includes an allegation of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

The grieved issue must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grieved issue must not be a repeat submission of a grievance that previously received a response and was appealed.

The grieved issue must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days.

The grieved issue must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

## DIRETRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, sexual hostigamiento, sexual abuso. O voyeurismo. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante.

La solitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED - DATE OF INCIDENT (Fecha del Incidente)	REQUIRED - TIME OF INCIDENT (Horas del Incidente)	REQUIRED - SPECIFIC LOCATION OF INCIDENT (Lugar Específico del Incidente)	REQUIRED - NAME and/or IDENTIFIER(S) OF ACCUSED (Nombre y/o Identificación del Acusado)
on going	ON going	Division 8/3G	Tom Dart / Medical Staff Cook County Sheriff's Cook County Jail

On April 17, 2020 most of the inmates on 3G division 8 tested positive for COVID-19 virus. The inmates that did not test positive were moved to 3F. Those that were left on 3G were told we were being placed under quarantine for two weeks. For the past two weeks multiple inmates who tested positive have been added to our deck. According to a statement made by the head nurse Ms. Anderson on May 2, 2020 individuals who had COVID-19 and recovered can be reinfected if re-exposed to the virus. According to a statement made by Dr. Ennis on May 1, 2020 CDC is adding newly infected inmates with our deck to see if we become infected. We are lab rats!

NAME OF STAFF OR INMATE(S)AVING INFORMATION REGARDING THIS COMPLAINT:  
(Nombre del personal o presos que tengan información:)

Comerias, Nurse Anderson, Dr Ennis

INMATE SIGNATURE: (Firma del Preso):

Michael Mayo

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

Suzanne Fenster

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

5-4-20

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

Suzanne Fenster

SIGNATURE:

DATE REVIEWED:

5-11-20



**COOK COUNTY SHERIFF'S OFFICE**  
 (Oficina Del Alguacil del Condado de Cook)  
**INMATE GRIEVANCE RESPONSE/APPEAL FORM**  
 (Formulario de Queja del Preso/ Apelación)

CONTROL NUMBER

INMATE #

2020

C4797

794313

## INMATE INFORMATION TO BE COMPLETED BY INMATE SERVICES PERSONNEL ONLY

INMATE LAST NAME (Apellido del Preso):

Mayo

INMATE FIRST NAME (Primer Nombre):

Michael

ID Number (# de Identificación):

20121137027

GRIEVANCE ISSUE AS DETERMINED BY CRW:

005. COVID-19

IMMEDIATE CRW RESPONSE (if applicable):

RTU Disciplinary Notified immediately

CRW REFERRED THIS GRIEVANCE TO (Example: Superintendent, Cermak Health Services):

Cermak

DATE REFERRED:

5/12/20

## RESPONSE BY PERSONNEL HANDLING REFERRAL

Cannot prove/decide all allegation of convection. I am responsible to remain professional at all times. You have an right to privacy. I can discuss your concerns with the Cermak provide medical services to its patient. I am doing my job as a correct. I am not doing anything wrong.

PERSONNEL RESPONDING TO GRIEVANCE (Print):

Susan Shabel

SIGNATURE:

Susan Shabel

DIV/DEPT:

DATE:

6/12/20

INMATE SIGNATURE (Firma del Preso):

Adv. via COVID-19 Proc. Chrg

DATE RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)

6/9/2020

## INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

To exhaust administrative remedies, grievance appeals must be made within 15 calendar days of the date the inmate received the response. An appeal must be filed in all circumstances in order to exhaust administrative remedies.

(Con el fin de agotar los recursos administrativos, las apelaciones de las quejas se deben realizar en el plazo de 15 días después de que el recluso haya recibido la respuesta. La apelación se debe enviar en todos los casos a fin de agotar los recursos administrativos.)

JUN  
16  
2020

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del preso): June 16/2020

The facts are the facts. I can prove the allegations  
 I can also hear it with my own ears.

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL? Yes (Si)  No 

(Apelación del preso aceptada por el administrador o/su designado(a)?)

INMATE SERVICES DIRECTOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decisión o recomendación por parte del administrador o/su designado(a):)

Research activities have not  
 been conducted.

INMATE SERVICES DIRECTOR/DESIGNEE (Administrador o/su Designado(a):)

SIGNATURE (Firma del Administrador o/su Designado(a):)

DATE (Fecha):

06/19/20

Susan Shabel

THIS SECTION IS TO BE COMPLETED BY INMATE

DATE APPEAL RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)

6/22/2020

INMATE SIGNATURE (Firma del Preso):

Adv. via COVID-19 Proc. Chrg

INMATE COPY

Exhibit F



(Oficina del Alguacil del Condado de Cook)

## INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

(1 of 1)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY !

(! Para ser llenado solo por el personal de Inmate Services !)

Emergency Grievance  
 Grievance  
 Non-Compliant Grievance

Cermak Health Services  
 Superintendent: \_\_\_\_\_  
 Other: \_\_\_\_\_

PRINT - INMATE LAST NAME (Apellido del Preso):

Mayo

PRINT - FIRST NAME (Primer Nombre):

Michael

INMATE BOOKING NUMBER (# de Identificación del Preso)

20181127027

DIVISION (División):

8

LIVING UNIT (Unidad):

3G

DATE (Fecha):

Sept. 7, 2020

## GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grieved issue must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grieved issue is not one of the following non-grievable matters: Inmate classification including designation of an inmate as a security risk or protective custody inmate; or decisions of the inmate disciplinary hearings officer.

The grieved issue must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism. If the grievance includes an allegation of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

The grieved issue must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grieved issue must not be a repeat submission of a grievance that previously received a response and was appealed.

The grieved issue must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days.

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The grievance form must not contain more than one issue.

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## DIRECTRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, sexual hostigamiento, sexual abuso. O voyeurismo. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

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El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación, sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante.

La solitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED - DATE OF INCIDENT (Fecha del Incidente)	REQUIRED - TIME OF INCIDENT (Horas del Incidente)	REQUIRED - SPECIFIC LOCATION OF INCIDENT (Lugar Específico del Incidente)	REQUIRED - Cermak Health NAME and/or IDENTIFIER(S) OF ACUSED (Nombre y/o Identificación del Acusado)
Sept. 7, 2020	12:00 - 12:30pm	Division 8/3G	Cook County Sheriff Tom Dart

Today between 12:00-12:30pm over cell, division 8/3G was notified that an inmate had once again tested positive for COVID-19 virus. I tested positive for the COVID-19 virus on April 17, 2020. (I was re-tested on April 11, 2020, with a negative result.) On March 30, 2020 I notified CDOC through a grievance that the conditions in division 8/3G were not conducive to a safe COVID-19 free environment. In the inmate grievance response/appeal form CDOC stated, "All detainees have been given mask to wear." (Control # 2020-03615)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:  
(Nombre del personal o preso que tengan información).

Nurse Anderson/Staff/Comeras

INMATE SIGNATURE: (Firma del Preso):

Michael Mayo

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print): Sneed (Wilson)	SIGNATURE:	DATE CRW/PLATOON COUNSELOR RECEIVED: 9/8/20
SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):	SIGNATURE:	DATE REVIEWED:



## INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

(2 of 2)

CONTROL #

INMATE ID #

THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY!

(! Para ser llenado solo por el personal de Inmate Services !)

## Emergency Grievance

 Grievance Non-Compliant Grievance Cermak Health Services Superintendent: Other:

PRINT - INMATE LAST NAME (Apellido del Preso):

Mayo

PRINT - FIRST NAME (Primer Nombre):

Michael

INMATE BOOKING NUMBER (# de identificación del Preso):

2081127027

DIVISION (División):

8

LIVING UNIT (Unidad):

3G

DATE (Fecha):

Sept. 7, 2020

## GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

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The grieved issue is not one of the following non-grievable matters: inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.

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El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

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El asunto de la queja no puede contener lenguaje ofensivo o amenazante.

La solitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED - DATE OF INCIDENT (Fecha del Incidente)	REQUIRED - TIME OF INCIDENT (Horas del Incidente)	REQUIRED - SPECIFIC LOCATION OF INCIDENT (Lugar Específico del Incidente)	REQUIRED - Cermak Health NAME and/or IDENTIFIER(S) OF ACCUSED (Nombre y/o Identificación del Acusado)
Sept 7, 2020	12:00 - 12:30pm	Division 8/3G	Cook County Sheriff's Tom Dart

CCDOC has had months to correct their neglectful behavior, but has done little to nothing to improve our living conditions. We are still on a deck with 39 men who sleep within 36 inches of each other, but according to a grievance response dated 5/12/20 Control # 2020-4799 -CCDOC is in compliance with all current covid rules, as well as all state and CDC guidelines. We are now being subjected to re-infection and have been quarantined for 21 days. Re-infected inmate Efrain Arias # 20180127004

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:  
(Nombre del personal o presos que tengan información:)

Nurse Anderson / Staff / Camerons

INMATE SIGNATURE: (Firma del Preso):

Michael Mayo

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

B. Head (Wilson)

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

9/8/20

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:

COOK COUNTY SHERIFF'S OFFICE  
(Oficina Del Alguacil del Condado de Cook)INMATE GRIEVANCE RESPONSE/APPEAL FORM  
(Formulario de Queja del Preso/Apelación)

INMATE COPY

Sneed

CONTROL NUMBER

INMATE #

202011482 794313

INMATE INFORMATION TO BE COMPLETED BY INMATE SERVICES PERSONNEL ONLY

INMATE LAST NAME (Apellido del Preso): Mayo

INMATE FIRST NAME (Primer Nombre): Michael

ID Number (# de Identificación): 20181127027

GRIEVANCE ISSUE AS DETERMINED BY CRW:

Covid-19 Issues DR

IMMEDIATE CRW RESPONSE (If applicable):

CRW/ REFERRED THIS GRIEVANCE TO (Example: Superintendent, Cermak Health Services): DIV 8211-507

DATE REFERRED: 9/19/20

RESPONSE BY PERSONNEL HANDLING REFERRAL

The CCSDO has implemented procedures to reduce the spread of COVID-19 with guidance from the CDC and other health organizations.

PERSONNEL RESPONDING TO GRIEVANCE (Print): T. Bouffet #736

SIGNATURE: T. Bouffet

DIV./DEPT. RTU

DATE: 9/18/2020

INMATE SIGNATURE (Firma del Preso):

Delv. via COVID 19

DATE RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)

09/22/20

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

To exhaust administrative remedies, grievance appeals must be made within 15 calendar days of the date the inmate received the response. An appeal must be filed in all circumstances in order to exhaust administrative remedies.

(Con el fin de agotar los recursos administrativos, las apelaciones de las quejas se deben realizar en el plazo de 15 días después de que el recluso haya recibido la respuesta. La apelación se debe enviar en todos los casos a fin de agotar los recursos administrativos.)

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del preso): Sept 122/2020

The Cook County Sheriff and Cermak Health have not done enough to protect me because they refuse to social distance in division 8. We are still housed in a dorm setting with almost 40 men with serious health issues.

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL? Yes (Si)  No 

(Apelación del preso aceptada por el administrador o/su designado(a))

INMATE SERVICES DIRECTOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decisión o recomendación por parte del administrador o/su designado(a):)

CCSDO IS IN COMPLIANCE WITH ALL CURRENT COVID-19  
GUIDELINES

INMATE SERVICES DIRECTOR/DESIGNEE (Administrador o/su Designado(a)): Kezka

SIGNATURE (Firma del Administrador o/su Designado(a)): 

DATE (Fecha): 9/28/20

INMATE SIGNATURE (Firma del Preso):

Delv. Via COVID19

DATE APPEAL RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)

10/1/20

Exhibit G



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

## INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

(1 of 3)

CONTROL #

INMATE ID #

2022-00093

794313

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (!Para ser llenado solo por el personal de Inmate Services !)

Emergency Grievance  
 Grievance  
 Non-Compliant Grievance

Cermak Health Services  
 Superintendent:  
 Other:

PRINT - INMATE LAST NAME (Apellido del Preso):

Mayo

PRINT - FIRST NAME (Primer Nombre):

Michael

INMATE BOOKING NUMBER (# de identificación del Preso)

20181127027

DIVISION (División):

8th floor

LIVING UNIT (Unidad):

3F

DATE (Fecha):

Jan. 1, 2022

## GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grieved issue must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grieved issue is not one of the following non-grievable matters: inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.

The grieved issue must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism. If the grievance includes an allegation of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

The grieved issue must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grieved issue must not be a repeat submission of a grievance that previously received a response and was appealed.

The grieved issue must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days.

The grieved issue must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

## DIRETRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, sexual hostigamiento, sexual abuso. O voyeurismo. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante

La solicitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED - DATE OF INCIDENT (Fecha del Incidente)	REQUIRED - TIME OF INCIDENT (Horas del Incidente)	REQUIRED - SPECIFIC LOCATION OF INCIDENT (Lugar Específico del Incidente)	REQUIRED - NAME and/or IDENTIFIER(S) OF ACCUSED (Nombre y/o Identificación del Acusado)
Dec 30, 2021	9:00 AM- 8:00 pm	Division 8 / 3F	Cermak Health Cook County Sheriff's Office CCDOC / Tom Dart

I am a 45 year old male with multiple health issues. I am currently housed in division 8 on the 3<sup>rd</sup> floor, where I have been for the last three years awaiting trial. On April 17, 2020 I tested positive for the Covid-19 virus, due to the poor living conditions of division 8. Now nearly two years later with multiple variations of the Covid-19 virus running rampant, CCDOC and Cermak Health continue to put my life in danger. During the later part of December 2021, an inmate by the name of Ronald Haywood R47947 was placed on my cell.

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

Cermak Health Cameras / Security Staff

INMATE SIGNATURE: (Firma del Preso):

Michael Mayo

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

D. Wilson

SIGNATURE:

S. C. X

DATE CRW/PLATOON COUNSELOR RECEIVED:

1-4-22

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



## COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

## INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

(2083)

CONTROL #

INMATE ID #

THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (Para ser llenado solo por el personal de Inmate Services !)

<input checked="" type="checkbox"/> Emergency Grievance	<input type="checkbox"/> Grievance	<input type="checkbox"/> Non-Compliant Grievance	<input type="checkbox"/> Cermak Health Services
			<input type="checkbox"/> Superintendent:
			<input type="checkbox"/> Other: _____
PRINT - INMATE LAST NAME (Apellido del Preso): Mayo	PRINT - FIRST NAME (Primer Nombre): Michael	INMATE BOOKING NUMBER (# de identificación del Preso): 20181127027	
DIVISION (División): 8	LIVING UNIT (Unidad): 3F	DATE (Fecha): Jan 1, 2022	

## GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grieved issue must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grieved issue is not one of the following non-grievable matters: inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.

The grieved issue must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism. If the grievance includes an allegation of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

The grieved issue must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grieved issue must not be a repeat submission of a grievance that previously received a response and was appealed.

The grieved issue must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days.

The grieved issue must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

## DIRECTRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, sexual hostigamiento, sexual abuso. O voyeurismo. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

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El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante

La solitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED - DATE OF INCIDENT (Fecha del Incidente) Dec 30, 2021	REQUIRED - TIME OF INCIDENT (Horas del Incidente) 9:00 AM - 8:00 PM	REQUIRED - SPECIFIC LOCATION OF INCIDENT (Lugar Específico del Incidente) Division 8/3F	REQUIRED - Cermak Health NAME and/or IDENTIFIER(S) OF ACCUSED (Nombre y/o Identificación del Acusado) Cook County Sheriff's Office CCDOC / Tom Dart
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of 3F. Donald was presumed cleared of the Covid-19 virus when placed on 3F. During Donald's short stay on 3F he complained to medical and security staff of not feeling well. Not until a result of Donald's complaint was he removed from the desk and tested for the Covid-19 virus. (Dec 30, 2021) The following day Donald was replaced with another inmate, who came directly off the street. This inmate was not tested for Covid-19 nor was he placed in quarantine, which is protocol for someone coming right off the street.

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o preso que tengan información:)

Cermak Health / Cameras / Security Staff

INMATE SIGNATURE: (Firma del Preso):

Michael Mayo

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print): D. W. / Sean	SIGNATURE: D. W. / Sean	DATE CRW/PLATOON COUNSELOR RECEIVED: 1-4-22
SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):	SIGNATURE:	DATE REVIEWED:



## COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

## INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

(3 of 3)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

<input checked="" type="checkbox"/> Emergency Grievance	<input type="checkbox"/> Grievance	<input type="checkbox"/> Non-Compliant Grievance	<input type="checkbox"/> Cermak Health Services
			<input type="checkbox"/> Superintendent:
			<input type="checkbox"/> Other: _____

PRINT - INMATE LAST NAME (Apellido del Preso): Mayo	PRINT - FIRST NAME (Primer Nombre): Michael	INMATE BOOKING NUMBER (# de identificación del Preso): 20181127027
DIVISION (División): 8	LIVING UNIT (Unidad): 3F	DATE (Fecha): Jan. 1, 2022

## GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

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The grieved issue must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism. If the grievance includes an allegation of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

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## DIRETRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

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El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, sexual hostigamiento, sexual abuso. O voyeurismo. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

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El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante

La solitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED - DATE OF INCIDENT (Fecha del Incidente) Dec 30, 2021	REQUIRED - TIME OF INCIDENT (Horas del Incidente) 9:00 AM 8:00 PM	REQUIRED - SPECIFIC LOCATION OF INCIDENT (Lugar Específico del Incidente) Division 8 13F	REQUIRED - Cermak Health NAME and/or IDENTIFIER(S) OF ACCUSED (Nombre y/o Identificación del Acusado) Cook County Sheriff CCDOC / Tom Dart
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On the morning of Dec 31, 2021 our tier of 3F was informed that Donald Hayes C. had tested positive for the Covid-19 virus, and our division was on Quarantine. It is clear from these two situations CDOC and Cermak Health have not learned from their mistakes. These are both gross failures to protect issues that can not be explained in any way other than a violation of my rights to be housed in a safe environment.

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:  
(Nombre del personal o presos que tengan información:)

Cermak Health Camera / Security Staff

INMATE SIGNATURE: (Firma del Preso):

Michael Mayo

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print): J. Wilson	SIGNATURE: D. Dart	DATE CRW/PLATOON COUNSELOR RECEIVED: 1-4-22
SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):	SIGNATURE:	DATE REVIEWED:

COOK COUNTY SHERIFF'S OFFICE  
 (el Alguacil del Condado de Cook)  
 INMATE GRIEVANCE RESPONSE/APPEAL FORM  
 (Formulario de Queja del Preso/Apelación)

I.I.C. COPY

Wilson

CONTROL NUMBER

INMATE #

2022-00093 794313

## INMATE INFORMATION TO BE COMPLETED BY INMATE SERVICES PERSONNEL ONLY

LAST NAME (Apellido del Preso):

Mayo

INMATE FIRST NAME (Primer Nombre):

Michael

ID Number (# de Identificación):

2018-1127027  
DOC

GRIEVANCE ISSUE AS DETERMINED BY CRW:

DOC Covid 19

IMMEDIATE CRW RESPONSE (if applicable):

CRW/REFERRED THIS GRIEVANCE TO (Example: Superintendent, Cermak Health Services):

Supt RTU

DATE REFERRED:

1/13/21

## RESPONSE BY PERSONNEL HANDLING REFERRAL

STEPS ARE BEING TAKEN TO COMBAT THE SPREAD  
 OF COVID 19

PERSONNEL RESPONDING TO GRIEVANCE (Print):

LT MCANOL

SIGNATURE:



DIV/DEPT:

08

DATE:

1/13/21

INMATE SIGNATURE (Firma del Preso):

Michael Mayo

DATE RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida):

Jan 120 2022

## INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

To exhaust administrative remedies, grievance appeals must be made within 15 calendar days of the date the inmate received the response. An appeal must be filed in all circumstances in order to exhaust administrative remedies.

(Con el fin de agotar los recursos administrativos, las apelaciones de las quejas se deben realizar en el plazo de 15 días después de que el recluso haya recibido la respuesta. La apelación se debe enviar en todos los casos a fin de agotar los recursos administrativos.)

I.I.C. Serv.  
Copy

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del preso): Jan 20, 2022

The entire world has been aware of this virus for over a year. The steps to be taken should already have been in place. The facility and its staff are protecting me from this virus. Continuing to say you are taking steps to protect me is not enough. Why was I not tested?

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

Yes (Sí) No (No) 

(Apelación del preso aceptada por el administrador o/su designado(a)?)

A 2<sup>nd</sup> review was completed. R/Dir. unable to substantiate allegation regarding other I.I.C.'s health status due to HIPPA laws; however, please be reminded that adjusted security and safety measures are being implemented continuously to meet the population need(s). Original Response to Stand.

INMATE SERVICES DIRECTOR/DESIGNEE (Administrador o/su Designado(a)):

J. Mueller

SIGNATURE (Firma del Administrador o/su Designado(a)):



DATE (Fecha):

1/25/22

INMATE SIGNATURE (Firma del Preso):

Delv Via COVID19

DATE APPEAL RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)

FEB 1 2022

Exhibit F



## COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

## INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY! (Para ser llenado solo por el personal de Inmate Services!)

Emergency Grievance  
 Grievance  
 Non-Compliant Grievance

Cermak Health Services  
 Superintendent: \_\_\_\_\_  
 Other: \_\_\_\_\_

PRINT - INMATE LAST NAME (Apellido del Preso):

Mayo

DIVISION (División): 8

PRINT - FIRST NAME (Primer Nombre):

Michael

LIVING UNIT (Unidad):

3F

INMATE BOOKING NUMBER (# de identificación del Preso):

201811257027

DATE (Fecha):

Feb 9, 2022

## GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

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REQUIRED - DATE OF INCIDENT (Fecha del Incidente)	REQUIRED - TIME OF INCIDENT (Hora del Incidente)	REQUIRED - SPECIFIC LOCATION OF INCIDENT (Lugar Específico del Incidente)	REQUIRED - NAME and/or IDENTIFIER(S) OF ACCUSED (Nombre y/o Identificación del Acusado)
Feb. 9, 2022	8:00AM	Division 8/3F	Tom Dart Sheriff, Dept. (CCDOC) Cermak Health

Today, Feb 9, 2022 inmate Earl Wilson was removed from our deck because of exposure to COVID-19. This is now the second time we have been placed under quarantine, less than a month. The jail claims they are taking steps to protect us, but they are not working. We have been asking for hand sanitizer for over a week with no results. The masks that are provided are the cheapest on the market. Worldwide, it has been advised that the KN95 mask be used to protect from the COVID-19 virus. CCDOC continues to fail at protecting me from this virus.

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o preso que tengan información:)

Officer Brown / Nurse Anderson

INMATE SIGNATURE: (Firma del Preso):

Michael Mayo

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

Suzanne J. Brown

SIGNATURE:

Suzanne

DATE CRW/PLATOON COUNSELOR RECEIVED:

2/10/22

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

Suzanne J. Brown

SIGNATURE:

Suzanne

DATE REVIEWED:

2/10/22



## COOK COUNTY SHERIFF'S OFFICE

(Oficina Del Alguacil del Condado de Cook)

## INMATE GRIEVANCE RESPONSE/APPEAL FORM

(Formulario de Queja del Preso/ Apelación)

CONTROL NUMBER

INMATE #

616-6821

414312

## INMATE INFORMATION TO BE COMPLETED BY INMATE SERVICES PERSONNEL ONLY

INMATE LAST NAME (Apellido del Preso):

INMATE FIRST NAME (Primer Nombre):

ID Number (# de Identificación):

GRIEVANCE ISSUE AS DETERMINED BY CRW:

IMMEDIATE CRW RESPONSE (if applicable):

CRW/ REFERRED THIS GRIEVANCE TO (Example: Superintendent, Cermak Health Services):

DATE REFERRED:

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DIV./DEPT.:

DATE:

## RESPONSE BY PERSONNEL HANDLING REFERRAL

Surgical masks are effective against COVID19. They are provided and are issued out daily with cleaning supplies. Hand sanitizers are available upon request but not available for distribution. Handouts are distributed once a week and are available upon request. There are no restrictions on the amount of time an inmate may be in the infirmary. There are no restrictions on the amount of time an inmate may be in the infirmary.

INMATE

INMATE SIGNATURE (Firma del Preso):

DATE RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)

INMATE

## THIS SECTION IS TO BE COMPLETED BY INMATE!

## INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

## THIS SECTION IS TO BE COMPLETED BY INMATE!

TO BE COMPLETED BY INMATE

To exhaust administrative remedies, grievance appeals must be made within 15 calendar days of the date the inmate received the response. An appeal must be filed in all circumstances in order to exhaust administrative remedies.

(Con el fin de agotar los recursos administrativos, las apelaciones de las quejas se deben realizar en el plazo de 15 días después de que el recluso haya recibido la respuesta. La apelación se debe enviar en todos los casos a fin de agotar los recursos administrativos.)

TO BE COMPLETED BY INMATE

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del preso):

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL? Yes (Sí)  No 

(Apelación del preso aceptada por el administrador o/su designado(a)?)

INMATE SERVICES DIRECTOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decision o recomendación por parte del administrador o/su designado(a):)

Original Response to Inmate

INMATE SERVICES DIRECTOR/DESIGNEE (Administrador o/su Designado(a)):

SIGNATURE (Firma del Administrador o/su Designado(a):)

DATE (Fecha):

J. Muller

3/4/22

## THIS SECTION IS TO BE COMPLETED BY INMATE!

INMATE

INMATE SIGNATURE (Firma del Preso):

DATE APPEAL RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)

Delv Via COVID19

MAR 8 2022

INMATE

Michael Mayo  
2018 1127027  
2700 South California  
Chicago, IL 60608

Office of Clerk of the U.S. District Court  
United States Courthouse  
219 South Dearborn Street  
Chicago, Illinois 60604

